

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

STONEHAM TOWN CLERK REGISTRARS

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: A 8: 3b Beginning Date: Janua	eary 23, 2017 Ending Date: March 21, 2017
Type of Report: (Check one)	
☐ 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Shelly MacNeill	Committee to Elect Shelly MacNeill
Candidate Full Name (if applicable) Board of Selectman	Committee Name Rebecca R. Pouliot
Office Sought and District	Name of Committee Treasurer
1159 Franklin Street, Stoneham, MA 02180	1166 Franklin Street, Stoneham MA 02180
Residential Address	Committee Mailing Address
E-mail: sm4selectman e gmail.com	E-mail: rrp21@yaho&.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	5,465.00
Line 3: Subtotal (line 1 plus line 2)	5,465.00
Line 4: Total expenditures this period (page 5, lin	ne 14) 2,146.03
Line 5: Ending Balance (line 3 minus line 4)	3,318.97
Line 6: Total in-kind contributions this period (pa	age 6) 150.00
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Bank of America	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 both candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actinicurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with independent activity filing see I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 3/22/20/7 ox only) e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period. eparate report e best of my knowledge and belief, a true and complete statement of all campaign
campaign finance activity of all persons acting under the authority or on behalf of thi	

SCHEDULE A: RECEIPTS

Committee to Elect Shelly Mac Neil

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
2/2/2017	Bragalone, Joseph, 38 Fieldstone Dr, Stoneham	100.00	
demand of the control	Buckley, Joseph, 6 Carmen Ave, Stoneham	AND ADDRESS OF THE PROPERTY OF	
2/2/2017		100.00	
2/2/2017	Committee to Elect Michael Moore, 27 Grafton Street, Millbury	100.00	
2/2/2017	Committee to Elect Raymie Parker 42 Bonad Road, Stoneham	100.00	
2/2/2017	Day, Megan, 49 Perkins Street, Stoneham	100.00	
2/15/2017	Del Sobral, Julia, 18 Bartkus Farm, Concord	100.00	
2/2/2017	Houghton, Charles F. 271 Main Street Stoneham	250.00	Attorney, Self Employed
2/2/2017	Jacques, Harold, 89 Collincote Street, Stoneham	100.00	
1/27/2017	Jordan, Lisa, 8 Martin Louis Way, Stoneham	100.00	
2/2/2017	Kelley, Lisa, 9 Countryside Rd, North Grafton	100.00	
2/8/2017	Kilty, Rachel, 6 Rowe Street, Stoneham	100.00	
2/1/2017	Mangerian, Richard and Eleanor, 4 Cricklewood Drive, Stoneham	100.00	
Line 9: Total Receipts over \$50 (or listed above)		3,725.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1,740.00	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	5,465.00	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/2/2017	Martin, Joseph, 3 Old Colony Road, Auburn	100.00	
2/19/2017	McBride, Ellen, Rear 30 Butler Ave, Stoneham	100.00	
2/2/2017	Melkonian, John, 26 Estate Lane, Reading	250.00	General Manager, Stoneham Ford
2/14/2017	Molloy, Mark, 10 Myrtle Street, Winchester	100.00	
2/2/2017	O'Loughlin, Carol, 12 Mount Vernon Street, Stoneham	100.00	
2/2/2017	Oneschuk, Christin, 122 Kendrick Road, Wakefield	100.00	
2/2/2017	Paoness, Leslie , 36 Fieldstone Drive, Stoneham	100.00	
2/2/2017	Plourde, Kimberly, 11 George Street, Stoneham	100.00	
2/2/2017	Rolli, Joseph, 28 Stevens Street, Stoneham	100.00	
2/2/2017	Rolli, Michael, 20 Crystal Dr. Stoneham	100.00	
2/2/2017	Ryder, Sheila, 72 Park Avenue, Stoneham, MA	100.00	
2/2/2017	Saltzman, Maureen , 6 West Street, Stoneham, MA	100.00	
2/2/2017	Silvaggi, Maria, 26 Atwood Ave, Stoneham, MA	400.00	Office Manager, Boston Dynamics
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	Smith, Wendy,132 Park Street, Stoneham		
2/2/2017	The state of the s	125.00	
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DOTAL DE MANIMENS AN MANIMENT (MINIMEN MANIMEN AND AN AND AND AND AND AND AND AND AND	Surabain, Barbara, 4 Fieldstone Dr,		
2/2/2017	Stoneham	100.00	
A STATE OF THE STA		panara pa	
2/2/2017	Sweeney, Robert, 6 Pleasant Street,	100.00	
2/2/2017		100.00	
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Warren, Mark and Rachel, 18 Maple Street		
1/27/2017	Stoneham	100.00	
1,2,,201,		100.00	
WATER COLOR TO THE	Warren, Wendy, 25 Dean Street Stoneham		
2/2/2017		100.00	
		long ploage	
	Whooley, Mary Ellen, 34 Perkins Street,		
2/2/2017	Stoneham	100.00	
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	ipts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
ine 11. TATAT	RECEIPTS IN THE PERIOD	Enter on many 1 line 2	
	d receipts of \$50 and under include them in line	<u> </u>	← Enter on page 1, line 2
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^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

oport air expen	To Whom Paid	mittee name and a page number on		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
AND THE RESIDENCE OF THE PARTY	Shelly MacNeill	1159 Franklin Street, Stoneham	Reimbursement of Expenditures	
2/23/2017			(See Form R1)	1,701.99
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	United States Postal Service	345 Main Street, Stoneham	Postage	
3/17/2017	The state of the s			340.00
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	A control of the cont			CORPORATION
	To prince the second		TO COLORADA	Medical California
	January Company of the Company of th	Line 12: Total Expenditures ov	er \$50 (or listed above)	2,041.99
		Line 13: Total Expenditures \$50	and under* (not listed above)	104.04
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TIDES IN THE DEDIAN	2,146.03

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE C: "IN-KIND" CONTRIBUTIONS CTE Shelly Mac Neil

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Angelo Caruso	20 Alden Avenue, Stoneham, MA	Food for Campaign Kickoff	
2/2/2017	1		Annual Control of Cont	150.00
	POSITION AND ADMINISTRATION AD			33111111111111111111111111111111111111
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	Mediatra Anna Anna Anna Anna Anna Anna Anna An		Personal designation of the second se	

		Line 15: In-Kind Contributions	s over \$50 (or listed above)	150.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	C
			ONTRIBUTIONS	150.00



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Date of Reimbursement: 2/23/2017

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individ	dual Being Reimbursed: Shelly Mac	Neill	C		
Committee Nan	ne: Committee	to Elect Shelly MacNeill			
CPF ID Numbe	CPF ID Number (if applicable): Telephone Number (optional):				
L	ITEMI	ZE EXPENDITURES IN EXCESS	S OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
1/19/2017	Boyd's Direct	100B Maple Street, Stoneham, MA	Kickoff Invites	292.75	
1/27/2017	Boyd's Direct	100B Maple Street, Stoneham, MA	Dear Friend Cards	159.82	
1/31/2017	Boyd's Direct	100B Maple Street, Stoneham, MA	Lawn Signs	717.19	
2/2/2017	Elks	471 Main Street, Stoneham, MA	Kickoff Event	250.00	
2/17/2017	Boyd's Direct	100B Maple Street, Stoneham, MA	Dear Friends Cards	132.82	
(Include items listed on Page 2) — Line 1: Expenditures in excess of \$50 (itemized above): 1,55:				1,552.58	
Line 2: Expenditures \$50 or under (not itemized):			149.41		
Line 3: TOTAL AMOUNT REIMBURSED:			1,701.99		
Signed under th	ne penalties of perjury:				